

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214517555			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: CARILION MEDICAL CENTER</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BRIGGS W ANDREWS CARILION HEALTH SYSTEM 213 S JEFFERSON ST STE 720 / PO BOX 40032</p> <p>ROANOKE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ROANOKE CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 4/1/2014</p> <p>SCC ID NO: 00853481</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> <p>ADDRESS: 1906 BELLEVIEW AVENUE</p> <p>CITY/ST/ZIP: ROANOKE, VA 24014</p> </div>					
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEVE ARNER TITLE: PRESIDENT ADDRESS: 1906 BELLEVIEW AVENUE CITY/ST/ZIP/CO: ROANOKE, VA 24011 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STEVE ARNER TITLE: PRESIDENT ADDRESS: 1906 BELLEVIEW AVENUE CITY/ST/ZIP/CO: ROANOKE, VA 24011	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME:	LAUREN J CHEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2067 LEE HI RD SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		
NAME:	STEVE R BLANKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2006 KNOLLWOOD RD		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		
NAME:	JOHN H BURTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 ASHBY DR		
CITY/ST/ZIP/CO:	ROANOKE, VA 24083		
NAME:	DAVID B CARSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3037 CAROLINA AVE SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
NAME:	GEORGE B CARTLEDGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	302 WILLOW OAK DR SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
NAME:	ELIZABETH S DOUGHTY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4328 FOX CROFT CIRCLE		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		
NAME:	VICTOR IANNELLO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3870 PINEY RIDGE DR		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		
NAME:	CYNDA ANN JOHNSON, M.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 CAMPBELL AVE SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24011		
NAME:	STEPHEN A MUSSELWHITE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	324 BUSH DRIVE		
CITY/ST/ZIP/CO:	VINTON, VA 24179		
NAME:	CLIFFORD A NOTTINGHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3214 ALLENDALE ST SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
NAME:	PATRICE WEISS, M.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6769 HIDDEN WOODS DRIVE		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALPH E WHATLEY, III, M.D. DIRECTOR 85 STONELEDGE DRIVE ROANOKE, VA 24019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAMON WILLIAMS DIRECTOR 2618 CHARING CROSS DR ROANOKE, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ BRIGGS W ANDREWS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRIGGS W ANDREWS, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/1/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			